" 'RT B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Algorithm 273 2005

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifica	tions.						
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
36822	7590 01/21	/2011					
GORDON & J 60 LONG RIDO		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SUITE 407 STAMFORD, C	,	transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)					
							(Signature)
							(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
	L	L		TOK	SAB-028		
10/081,265 02/22/2002 TITLE OF INVENTION: SECURE ELECTRONIC COMMERCE		Mark Itwaru		SAB-028 9838			
TITLE OF INVENTION	: SECURE ELECTRON	IIC COMMERCE					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	04/21/2011
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	3			
SU, EMILE		3685	705-064000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Gordon & Jacobson, PC				
	ondence address (or Cha 3/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	or type)			
PLEASE NOTE: Uni	ess an assignee is ident	ified below, no assigned	data will appear on t	he patent. If an assigr	nee is identif	ied below, the do	cument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropr	iate assignee category or	categories (will not be p	printed on the patent) :	□ Individual 🗖 £	orporation or	other private gro	up entity Government
4a. The following fec(s)	are submitted:	p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
Issue Fee		A check is enclosed.					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 671722 (enclose an extra copy of this form).				
Advance Order - 7	f of Copies		overpayment, to I	Deposit Account Numb	er <u>67173</u>	enclose an	extra copy of this form).
5. Change in Entity Sta	tus (from status indicated s SMALL ENTITY statu	· · · · · · · · · · · · · · · · · · ·	☐ b. Applicant is no	longer claiming SMA	LL ENTITY	status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademar	ed from anyone other the Office.	nan the applicant; a reg	isterød attorn	ey or agent; or the	e assignee or other party in
Authorized Signature		4/15/4		Date//	pus)	793033
Typed or printed name David S. Jacobson		. 0					
• • •		Registration No. 39,235					
Alexandria, virginia 225	15-1450.						by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,
Under the Paperwork Re-	duction Act of 1995, no p	persons are required to re	espond to a collection of	f information unless it	displays a va	lid OMB control	number.